

Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256

☎ 904.296.7350

☎ 904.296.7347



WOUNDED WARRIOR PROJECT

**Statement of:
Brian Dempsey
Director of Government Affairs**

Submitted for the Legislative Hearing:

DRAFT, Standardizing Treatment and Referral Times Act; DRAFT, No Wrong Door for Veterans Act; DRAFT, Providing Veterans Essential Medications Act; DRAFT, Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act; DRAFT, To direct the Secretary of Veterans Affairs and the Comptroller General of the United States to report on certain funding shortfalls in the Department of Veterans Affairs; H.R. 217, CHIP IN for Veterans Act (Rep. Bacon); H.R. 1107, Protecting Veteran Access to Telemedicine Services Act of 2025 (Rep. Womack); H.R. 1336, The Veterans National Traumatic Brain Injury Treatment Act (Rep. Murphy); H.R. 658, To amend title 38, United States Code, to establish qualifications for the appointment of a person as a marriage and family therapist, qualified to provide clinical supervision, in the Veterans Health Administration (Rep. Brownley); DRAFT, Copay Fairness for Veterans Act; DRAFT, Saving Our Veterans Lives Act; DRAFT, Women Veterans Cancer Care Coordination Act

**COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

March 11, 2025

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health – thank you for the opportunity to submit Wounded Warrior Project's views on pending legislation.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing life-changing programs and services to more than 227,000 registered post-9/11 warriors and 56,000 of their family support members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. We are pleased to share that perspective for this hearing on pending legislation that would likely have a direct impact on many we serve.

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE



Draft legislation: *No Wrong Door for Veterans Act*

Launched in 2022, the Department of Veterans' Affairs (VA) Staff Sergeant Parker Gordon Fox Suicide Prevention Grant ("Fox Grant") Program is a groundbreaking initiative that empowers community-based organizations to provide targeted mental health and crisis intervention services to veterans. The program was established through the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (P.L. 116-171 § 201) and facilitated VA's financial support to more than 80 organizations in fiscal year 2024 to provide or coordinate a range of suicide prevention programs for veterans and their families.¹ In each year since its implementation, the program has been discussed as a key initiative for helping prevent suicide in VA's national suicide data report.

The *No Wrong Door Act* is one of several legislative initiatives to renew the Fox Grant pilot program (*see* S.2793; S.5210 (118th Cong.)). This specific effort reflects the most comprehensive legislative effort to extend the current Fox Grant pilot and includes provisions to make clear that prior grant recipients shall not receive preference from VA for future grants; to require prior grantees to include evidence of services delivered to a "significant number" of veterans in applications for future Fox grants; to require that VA brief "appropriate personnel" of each VA medical center within 100 miles of a Fox grantee about the Fox grant program in an effort to improve coordination; to require Fox grantees to inform veterans receiving Fox grant services that they may receive emergent suicide care through VA; and to require Fox grantees to use a VA-selected screening protocol when using Fox grant funding to provide baseline mental health screening.

The changes outlined above would be welcomed; however, WWP encourages the Subcommittee to consider amendments that would lead to bipartisan, bicameral support to extend the Fox Grant program with enough time to allow for grants to continue to be dispersed to community-based grantees at the start of the next fiscal year. We would also encourage adoption of language from S.793 focused on measures and metrics.

Draft legislation: *Providing Veterans Essential Medications Act*

State Veterans Homes (SVHs) – state-owned and -operated facilities that work in tandem with VA – play an important role in meeting the nursing home, domiciliary, and adult day health care needs of veterans across the country. While SVHs primarily serve an elderly population, the future long-term care needs of post-9/11 veterans can be mitigated by addressing critical priorities today. Part of that effort includes ensuring that veterans residing in SVHs receive the medical care they deserve, particularly access to life-saving and high-cost medications.

Under current law, VA provides per diem payments to SVHs for each eligible veteran receiving nursing home, domiciliary, or adult day health care.² For veterans with service-connected disabilities rated 50 percent or greater, the law requires VA to cover the cost of all medications administered by SVHs. However, if the veteran has service-connected disabilities

¹ Press Release, U.S. Dep't of Vet. Aff., VA Awards \$52.5 Million in Veteran Suicide Prevention Grants, Announces Key Updates in the Fight to End Veteran Suicide (Sep. 2023), <https://news.va.gov/press-room/va-awards-veteran-suicide-prevention-grants/>.

² JARED SUSSMAN, CONG. RSCH. SERV., IF11656, STATE VETERANS HOMES (2020).

rated 70 percent or greater, VA pays a higher “prevailing rate” to the SVH, but does not pay for any medications, even high-cost drugs that can cost upwards of \$20,000 a month. These medications would otherwise be covered by VA when a veteran is not being cared for at an SVH. For example, existing law permits private nursing homes to receive VA reimbursement for high-cost medications.

The *Providing Veterans Essential Medications Act* seeks to amend 38 U.S.C. § 1745(a)(3) to direct VA to either reimburse SVHs for the cost of expensive medications or directly provide these medications to the facilities. As defined in this bill, medications would be considered “costly” if their average wholesale price for a one-month supply, plus a 3% transaction fee, exceeds 8.5% of VA’s monthly payment to the SVH for the care of the veteran receiving the medication.

Wounded Warrior Project supports the *Providing Veterans Essential Medications Act*. By requiring VA to either reimburse or directly provide these essential medications, this legislation would help alleviate the financial strain on SVHs, ensuring they can continue to offer quality care without risk of budget constraints that limit veterans’ access to necessary treatments.

Draft legislation: *Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act, or Veterans SPORT Act*

The highest priority for amputees requiring prosthetics should be improved quality of life. In addition to enabling veterans to live more independently and complete activities of daily living, adaptive prosthetic devices and equipment can have positive and life-changing impacts on a warrior’s life through exercise and recreation. WWP has witnessed this when assisting warriors through our Adaptive Sports and Soldier Ride programs. Adaptive sports equipment empowers warriors to engage in modified athletic opportunities designed for their individual abilities, resulting in profound improvements to physical and mental health.

VA’s current definition of “medical services” includes “wheelchairs, artificial limbs, trusses, and similar appliances,”³ but does not include adaptive prostheses or terminal devices. Although VA clinicians work with veterans to identify recreation activities and needed adaptive recreation equipment to support a veteran’s rehabilitation goals, VA will not provide adaptive recreation equipment if the purpose of the equipment is to support the veteran’s participation in an activity for personal enjoyment. Specifically, VA regulations only provide adaptive prosthetics and terminal devices for sports and other recreational activities for veterans if the device (1) is needed to promote, preserve or restore the health of the veteran; (2) serves as a direct and active component of the veteran’s medical treatment and rehabilitation; and (3) does not solely support the comfort or convenience of the veteran.⁴ These regulations focus on the clinical need for adaptive prosthetics but disregard their potential to improve veterans’ quality of life.

If a veteran is interested in adaptive recreation equipment, VA regulations require that he or she must use it to support rehabilitation goals and, accordingly, must be enrolled in a VA

³ 38 U.S.C. § 1701(6)(F)(i).

⁴ 38 C.F.R. § 17.3230(a)(1).

rehabilitation program. The necessity to participate in such rehabilitation programs can be a deterrent for some veterans who may not be able to travel or devote the time required. These programs are also repetitive as they require that veterans be retrained to use replacement adaptive equipment for which veterans completed rehabilitation training in the past. For these reasons, some veterans may choose not to obtain or replace adaptive recreation equipment, hindering a veteran's ability to maintain an active and healthy lifestyle.

Wounded Warrior Project supports the *Veterans SPORT Act*, which would amend 38 U.S.C. § 1701 to add adaptive prostheses and terminal devices for sports and other recreational activities to VA's definition of "medical services." The current population of post-9/11 veterans is young, mobile, and energetic. WWP believes that VA should be building an ecosystem of care that is encouraging of such an active lifestyle. We recommend that VA authorize adaptive equipment for amputees without requiring that they be enrolled in a VA rehabilitative program for the profound benefits provided by sports and other recreational activities.

Draft legislation: To direct the Secretary of Veterans Affairs and the Comptroller General of the United States to report on certain funding shortfalls in the Department of Veterans Affairs

In July 2024, VA notified Congress about a forecasted \$2.8 billion shortfall that would prevent the agency from delivering VA benefits to veterans at the start of fiscal year 2025 (October 1, 2024). VA also reported a potential 2025 shortfall of approximately \$12 billion for its health care system. Those estimates have since been adjusted, as the Veterans Benefits Administration (VBA) reported a \$5.1 billion surplus from fiscal year 2024, and the Veterans Health Administration (VHA) more recently estimated its 2025 shortfall to be \$6.6 billion.

Wounded Warrior Project is grateful for Congress's action to take precautionary steps when it passed the *Veterans Benefits Continuity and Accountability Supplemental Appropriations Act* (P.L. 118-82) to avoid any potential harm to veterans through VBA funding challenges. As a new budget cycle begins, we appreciate congressional commitment to ensure that VHA can meet its solemn obligation to deliver high-quality, timely care to veterans throughout 2025 and beyond.

H.R. 217: CHIP IN for Veterans Act

In 2016, the *Communities Helping Invest through Property and Improvements Needed (CHIP IN) for Veterans Act of 2016* (P.L. 114-294) became law. It authorized VA to carry out a five-year pilot program to improve and expand its medical facilities by allowing private donors, local governments, and other organizations to contribute funding or property for VA construction projects. The bill was designed to address VA's backlog of construction needs – without solely relying on federal funding – by leveraging community involvement to improve veterans' healthcare facilities more efficiently.

The VA Omaha Ambulatory Care Center was the first project completed under the *CHIP IN Act for Veterans Act of 2016*. The facility, which opened in 2020, was successfully built

using \$56 million in federal funding and \$30 million in private donations.⁵ In 2021, the CHIP IN pilot program was extended for an additional five years through the *Department of Veterans Affairs Expiring Authorities Act of 2021* (P.L. 117-42). As of today, many VA construction projects continue to face delays and budget challenges. VA's fiscal year 2024 Budget in Brief estimates that between \$106 billion and \$129 billion will be needed over the next ten years to maintain and enhance VA infrastructure.

The *CHIP IN for Veterans Act* would permanently authorize the program, allowing VA to accept private donations to help fund new construction and facility improvements. It would also remove the limit on the number of donations that VA may accept under the program. The *CHIP IN for Veterans Act* would expand the ability of local communities and organizations to invest in and directly support VA medical center projects to accelerate the development of VA infrastructure, make these projects more affordable, and increase transparency.

Wounded Warrior Project supports the *CHIP IN for Veterans Act*.

H.R. 1107: Protecting Veteran Access to Telemedicine Services Act of 2025

In 2008, the *Ryan Haight Online Pharmacy Consumer Protection Act* (P.L. 110-425) became law and required patients to complete at least one in-person visit with a health care provider before that provider could prescribe them a controlled substance. In consideration of the COVID-19 public health emergency, this requirement was temporarily suspended in March 2020. In November 2024, both the Drug Enforcement Agency (DEA) as well as the Department of Health and Human Services (HHS) agreed to continue this temporary suspension until December 31, 2025.⁶ The *Protecting Veteran Access to Telemedicine Services Act of 2025* would make this exemption permanent for veterans and VA providers by authorizing the delivery, distribution, and dispensing of controlled substances to veterans from VA providers without requiring an in-person appointment.

If the current COVID-era extension expires, rural veterans who do not live near VA or community health care facilities – and who rely primarily on telehealth services – would likely be negatively impacted. Appointment coordination challenges and travel logistics may lead to interruptions in their care or lapses in prescriptions. The list of controlled substances contains not only pain medications, but also multiple mental health drugs that are important parts of treatment plans for many veterans dealing with mental health issues and for whom an in-person appointment may present additional challenges.

Many veterans who began treatment plans that included controlled substance prescriptions during the period of this exemption may not be aware of, or prepared for, the potential interruptions of their care plan. For instance, the *PACT Act* (P.L. 117-168), the most comprehensive authorization of VA benefits in recent history, became law in August 2022 while this exemption was in place. More than 1.5 million *PACT Act*-related claims have since been

⁵ Marc Thomas, U.S. Dep't of Vet. Aff., *Redefining Healthcare Spaces: The ACC Wins the AIA National Design Award* (Nov. 29, 2023), <https://www.va.gov/nebraska-western-iowa-health-care/stories/redefining-healthcare-spaces-the-acc-wins-the-aia-national-design-award/>.

⁶ Third Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications, 89 Fed. Reg. 91,253 (Nov. 19, 2024) (codified at 21 C.F.R. pt. 1307).

granted by VA,⁷ meaning that none of those veterans have been subject to pre-exemption requirements. This dramatically increases the number of veterans who could have their current treatment plan impacted by the expiration of this exemption.

Wounded Warrior Project supports this bill in its current form; however, we recognize that laws surrounding in-person visits may be brought back to scale as we move further away from the COVID-19 public health emergency. In such a case, we would also support a modified version of this legislation that would authorize the renewal of controlled substance prescriptions written for veterans when the exemption was in place – and who are still seeing the same provider who issued the prescription – to help prevent unexpected disruptions of veteran treatment plans.

H.R. 1336: *Veterans National Traumatic Brain Injury Treatment Act*

The prevalence of PTSD and TBI among post-9/11 veterans remains alarmingly high. WWP’s 2025 Warrior Survey⁸ revealed that more than 3 in 4 responding warriors (76.5%) self-reported having PTSD and approximately half (52.3%) of those respondents screened positive for PTSD symptoms using the PCL-5 test.⁹ Another 35.2% self-reported a TBI incurred during military service. As we continue to learn more about these invisible wounds and their prognosis, investments in research and treatment now and into the future must embrace innovation – and VA has an important role in leading those efforts.

Hyperbaric oxygen therapy treatments involve a patient entering a special chamber where they breathe pure oxygen in air pressure levels 1.5 to 3 times higher than average. This helps fill the blood with enough oxygen to repair brain tissue and restore normal body function. Currently this treatment is approved by the Food and Drug Administration (FDA) for treatment of inflammation in the body, and some doctors believe that both TBI and PTSD are the result of brain inflammation due to trauma. While some research recommends caution when administering HBOT treatment to individuals with PTSD, results are generally encouraging.¹⁰

The *Veterans National Traumatic Brain Injury Treatment Act* would establish a five-year pilot program at VA to supply hyperbaric oxygen therapy (HBOT) to veterans with traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD). The pilot program would be funded through a general fund of the Treasury, known as the “VA HBOT Fund” that is supplied solely by donations received for express purposes of the Fund. The effort would be implemented in three Veteran Integrated Service Networks (VISNs).

Given these early signs of promise and frequent requests heard from warriors for access to HBOT, WWP supports the *Veterans National Traumatic Brain Injury Treatment Act*. If expanded to include reporting requirements on clinical outcomes and impact on health care access, we believe that this pilot has potential to contribute to the growing body of research and longitudinal studies on innovative treatments for TBI and PTSD.

⁷ U.S. DEP’T OF VET. AFF., PACT ACT PERFORMANCE DASHBOARD (Feb. 21, 2025), <https://department.va.gov/pactdata/interactive-dashboard/>.

⁸ To review WWP’s Warrior Survey in more detail, please visit <https://www.woundedwarriorproject.org/mission/warrior-survey>.

⁹ The PCL-5 is a validated tool used by VA that assesses symptoms over the past month.

¹⁰ Keren Doenyas-Barak et al., *The Use of Hyperbaric Oxygen for Veterans with PTSD: Basic Physiology and Current Available Clinical Data*, FRONT NEUROSCI. (Oct. 2023), available at <https://www.frontiersin.org/journals/neuroscience/articles/10.3389/fnins.2023.1259473/full>.

Draft legislation: *Saving Our Veterans Lives Act*

Gun lockers, also known as firearm storage safes or cabinets, can play a significant role in reducing the risk of suicide by limiting access to firearms, particularly in moments of crisis. Increasing space and time between an individual and lethal means can create opportunities for interventions by another or through personally driven changes in thought. Many empirical studies have demonstrated that creating time and space between an individual and lethal means is effective in preventing suicide, and although some individuals might seek other methods, many do not.¹¹ In such cases, the means chosen are often less lethal and are associated with fewer deaths than when more dangerous ones are available. In a veterans context, research like this helped drive the PREVENTS Task Force to recommend “increase[d] implementation of programs focused on lethal means safety (e.g., voluntary reduction of access to lethal means by individuals in crisis, free/inexpensive and easy/safe storage options).”¹²

The *Saving Our Veterans Lives Act* would create a new program to provide veterans with lock boxes intended for the secure storage of a firearm. It would authorize \$5 million per year over a 10-year period for VA to carry out this program while also requiring an annual report that addresses topics including compliance with the new statute, outreach to veterans, obstacles with implementation, and how many lock boxes were distributed. The bill makes clear that VA would not be permitted to collect personally identifiable information on veterans who request a lockbox under the program, require mandatory storage, require firearm registration, or prohibit participating veterans from purchasing, owning, or possessing a firearm.

This effort would build upon existing efforts at VA to distribute free firearm cable locks to any veteran who requests one, as well as more limited availability of gun lockers. As our nation continues to explore new investments and opportunities to end veteran suicide, WWP supports the *Saving Our Veterans Lives Act*.

Draft legislation: *Women Veterans Cancer Care Coordination Act*

Breast cancer ranks as the second most common cancer among women in the U.S., and within VA, it is the most diagnosed cancer for women.¹³ The trend may continue as the recently passed *Dr. Kate Hendricks Thomas SERVICE Act* (P.L. 117-133) allows veterans who served in certain combat locations and periods to receive services to check their risk of breast cancer and get a screening mammogram if needed. And as the number of women veterans continues to increase¹⁴, VA will likely see a rise in the number of female veterans needing cancer care in the coming years.

¹¹ See, e.g., Paul Yip et al., *Means Restriction for Suicide Prevention*, 379(9834) THE LANCET 2,393-99 (June 2012), available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60521-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60521-2/abstract).

¹² PREVENTS TASK FORCE, PREVENTS: THE PRESIDENT’S ROADMAP TO EMPOWER VETERANS AND END A NATIONAL TRAGEDY OF VETERAN SUICIDE (June 2020), available at https://www.va.gov/PREVENTS/docs/PRE-007-The-PREVENTS-Roadmap-1-2_508.pdf.

¹³ *How Common is Breast Cancer?*, AM. CANCER SOC’Y, <https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html> (last visited Mar. 7, 2025).

¹⁴ Katherine Schaeffer, *The Changing Face of America’s Veteran Population*, PEW RESEARCH CTR. (Nov. 8, 2023), <https://www.pewresearch.org/short-reads/2023/11/08/the-changing-face-of-americas-veteran-population/>.

In its most recent annual budget submission to Congress¹⁵, VA stated that its “policy requires that facilities have personnel assigned to breast and cervical cancer care coordination. To ensure accuracy, timeliness and reliability, VA tracks the provision of breast and cervical cancer screening and the availability of breast and cervical cancer care coordinators across the system.” The submission further elaborated that “[t]he Breast and Gynecologic Cancer System of Excellence is providing state-of-the-art breast and gynecologic cancer care and care coordination across the system through VA’s tele-oncology program.”

The *Women Veterans Cancer Care Coordination Act* would build upon this foundation by requiring VA to appoint a Regional Breast Cancer and Gynecologic Cancer Care Coordinator in each Veterans Integrated Services Network (VISN). These coordinators will report directly to the Director of the Breast and Gynecologic Oncology System of Excellence. The bill sets eligibility standards for patients to receive care coordination through a Regional Coordinator and sets several responsibilities for those coordinators including ensuring seamless care coordination between VA clinicians and community care providers specializing in breast and gynecologic cancers and maintaining regular contact with veterans based on individual medical needs during community care treatments. Notably, the bill would also require VA to submit a report to Congress comparing health outcomes between veterans receiving cancer care at VA facilities and those treated by non-VA providers, evaluating necessary changes or resources to improve cancer care coordination, and addressing any other relevant matters.

Wounded Warrior Project is pleased to support the *Women Veterans Cancer Care Coordination Act*; however, we look forward to increased dialogue among stakeholders to ensure that existing efforts at VA are enhanced and not duplicated.

Agenda items not addressed in this Statement for the Record

- Draft legislation: *Standardizing Treatment and Referral Times Act*
- Draft legislation: *Copay Fairness for Veterans Act*
- H.R. 658: *To amend title 38, United States Code, to establish qualifications for the appointment of a person as a marriage and family therapist, qualified to provide clinical supervision, in the Veterans Health Administration*

Concluding Remarks

Wounded Warrior Project once again extends our thanks to the Subcommittee on Health for its continued dedication to our nation’s veterans. Our commitment to keeping the promise by rebuilding the lives of warriors impacted by war and military service remains as strong as ever, and we are honored to contribute our voice to your discussion about pending legislation. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.

¹⁵ U.S. DEP’T OF VET. AFF., FY 2025 BUDGET SUBMISSION – MEDICAL PROGRAMS, VOL. 2 OF 5 at VHA-23.